

2011 Annual Reporting Form

Project Number:

Project Description:

Equipment Category :

PART 1: FUNDED EQUIPMENT DESCRIPTION		
Make:	Model:	Model Year:
Power (hp):	Serial No.:	
Identification (e.g., vessel name, unit number, etc.):		
PART 2: EQUIPMENT ACTIVITY		
(Activity for projects completed and operating between July 1, 2010 – June 30, 2011)		
1. This data represents equipment operation for a (Check one):	<input type="checkbox"/> Full Year <input type="checkbox"/> Partial Year Months	
2. Report the total number hours operated and the current Hour Meter reading for funded equipment between 7/1/2010 and 6/30/2011:	Total hours operated Current <u>Hour Meter reading</u> .	
3. Report Gallons of fuel used for equipment between 7/1/2010 and 6/30/2011.	Gallons used.	
4. Has location of the equipment changed from when the equipment was originally funded? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where are you operating now? <u>New location</u> :	
5. Please describe any repairs, problems or unexpected benefits:		
6. Please provide a detailed description of issues/ factors that may have changed your usage quantities (hours, gallons of fuel) for the operation period from what was originally estimated at the time of application (i.e., bad season, medical problems, equipment problems, etc.)		
7. Is the equipment purchased insured? <input type="checkbox"/> Yes – Please attach Proof of Insurance <input type="checkbox"/> No		
8. Estimated percentage of time the equipment operated within the Air District?	% in BAAQMD	
9. Estimated percentage of time the equipment operated within California?	% in California	

CARL MOYER PROGRAM

2011 Annual Reporting Form

GRANTEE: _____

Project Number: _____

PART 3: REPORT PROJECTS NOT YET COMPLETED

1. Please provide a brief description of any changes to the project schedule since the project was originally approved:

2. Please provide a summary of the activities completed as of **June 30, 2011**.

3. Please describe the activities that have yet to be completed:

4. Please provide an estimated date for the completion of this project:

Under penalties of perjury, I certify that the information provided on this document is correct and complete. I currently own the equipment described above, and I have been and will continue to operate the equipment in the jurisdiction of the Bay Area Air Quality Management District in accordance with the Grant Agreement for this project. I have reviewed the equipment information and my contact information (name, address, phone number, email address, etc.) for this project and certify that it is current and accurate.

Signature _____

Date _____

Notes:

- a) If the project was for multiple engines or vehicles please feel free to submit the annual report in a spreadsheet format if it would be more convenient.
- b) Please feel free to use the back of this page or attached additional sheets if you need more space for your responses.
- c) Please mail this form along with proof of the current insurance policy (if not already submitted), covering the purchased equipment **no later than August 1, 2011** to:

BAY AREA AIR QUALITY
MANAGEMENT DISTRICT
Strategic Incentives Division
Attn: Susan Manalo
939 Ellis Street
San Francisco, CA 94109